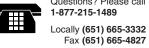


Minnesota Life Insurance Company - A Securian Company 400 Robert Street North • St. Paul, Minnesota 55101-2098

MINNESOTA LIFE

Insured		Social Security number		
Employer		Policy	Contract	
State of Delaware		50166	Contract	
1. New name CHANGE IN				
PERSONAL DATA	New street address	New city, state, zip		
2. FAMILY STATUS CHANGE	Discontinue Spouse Coverage. Add Spouse Coverage. Date of birth Add Child Coverage. Date of birth Family Status Change. Date Family Status Change. Date Date Date			
3. CHANGE IN EMPLOYMENT STATUS	Termination date Retirement date Do you want to continue your present coverage? Yes: Minnesota Life will bill you directly. No: Complete Section 4.			
4. TERMINATION/ SURRENDER	willinesota file if my insurance has accumulated any net cash value.			
5. CASH ACCUMULATION ACCOUNT	Begin payroll deduction or billing additional premiums for my cash accumulation account (minimum \$10.00 per month) The attached check is a lump sum premium contribution to my cash accumulation account (minimum \$100.00) Discontinue additional premium contributions to my cash accumulation account. Check one Let remaining balance continue to earn interest. Remit balance to me minus surrender charges, if applicable.			
6. LOANS AND WITHDRAWALS	Policy minimums and charges apply WITHDRAWAL - complete withholding election (\$10.00 charge for each withdrawal). LOAN - Minnesota Life does not send out loan repayment notices. LOAN REPAYMENT - Please include check payable to Minnesota Life.			
7. TRANSFER OF OWNERSHIP	A transfer of ownership form will be sent to you for your signature. The prepare the transfer of ownership form. Name and address of new owner	following information is nee	ded in order for us to properly Relationship to the insured	
8. CHANGE AMOUNT OF INSURANCE	Decrease total to: Increase total to: (according to the provisions of the policy.) An Evidence of Insurability form will be sent to you if required.			
9. SPECIAL REQUESTS	Include any special comments or requests here (continue on back if ne	ecessary).		
See reverse for instructions. Minnesota Life may also send you additional forms to be completed before your change request can be processed. Minnesota Life shall incur no obligation because of any of the above request(s) unless we have approved the requested change(s) in our home office.				
Insured's signature		Daytime telephone number	Date	

Minnesota Life Group Universal Life – B2-4256 400 Robert Street North St. Paul, MN 55101-2098



Send to:

INSTRUCTIONS FOR COMPLETING THE UNIVERSAL LIFE SERVICE REQUEST

Please complete the top portion.

- 1. Complete this section if you have had a name change or an address change.
- 2. Complete this section if your marital status has changed.
- 3. If you retire or terminate employment and wish to continue your present coverage, check yes. You will automatically be billed directly by Minnesota Life.
- 4. If you do not want to continue your insurance, complete this section. Any accumulated cash value less any charges will be returned to you.
- 5. To begin or discontinue accumulating cash value, complete this section.
- 6. Complete this section if you wish to take out a loan, or make a partial or total withdrawal. Please check your certificate of insurance to determine how long you must be in the plan before you can apply, the minimum amount that can be withdrawn or loaned and your withdrawal charge. Use this section if you are making a loan repayment or a lump-sum deposit. The minimum for a lump-sum deposit is \$100.00. Minnesota Life does not send out loan repayment notices.

 Notice of withholding: If no election is made, 10% tax will be withheld for federal income tax from the portion of the
 - **Notice of withholding:** If no election is made, 10% tax will be withheld for federal income tax from the portion of the withdrawal that is subject to federal income tax.
- 7. Use this section if you wish to transfer ownership. We will prepare the transfer form and send it to the insured for signature.
- 8. Use this section if you wish to change your amount of insurance. In the box for new amount desired, state total amount of insurance desired. We will send you an Evidence of Insurability form if necessary.
- 9. Use this box for any special requests.